

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-0538
TTY: (800) 526-5812

Dear Transportation Providers:

The enclosed enrollment application for the Illinois Medical Assistance Program has been designed for use by all providers with specific sections relating to different provider types. Please read the enclosed instructions prior to completing the forms.

Your enrollment request will be processed, upon completion and receipt of the enclosed: Medical Provider Enrollment Application (Form 2243) and Transportation Provider Agreement (Form 1413T). Before your enrollment is approved, your application to become a Medicaid provider will be investigated by the Office of Inspector General. This may include an **onsite** physical inspection of your office, equipment, record keeping and other areas related to your operation.

Each provider is required to report the Name and Federal Employee Identification Number of the entity to which payments are to be made on their behalf. Enclosed for your convenience is a Request for Taxpayer Identification Number and Certification Form (W-9) to be completed and returned with your enrollment request. **Please Note:** The DPA 1413T Transportation Provider Agreement requests names, Social Security number and percentage of ownership of owners/stock holders who own five percent (5%) or more of the stock/shares. If not applicable, please write **NONE** to indicate.

The DPA 1413T Transportation Provider Agreement also requests names, Social Security number and position within the company of every partner in a partnership, the sole proprietor and each officer, manager, dispatcher and all individuals in charge of day-to-day operations.

All individuals that are listed on the DPA 1413T Transportation Provider Agreement may have to submit to a fingerprint-based criminal background check. See the attached form on Criminal Background Checks for more information and exclusions from this requirement.

No enrollment will be effective until the Department approves the application. No service should be provided prior to notification of enrollment approval. **Payment will not be made for services rendered prior to the effective date of enrollment.** Change in ownership or corporate structure necessitating a new Federal Tax Identification Number terminates the participation of the enrolled provider. **Participation is not transferable.**

Once enrolled, a Provider Information Sheet will be mailed to the participating provider at both the office and payee location(s) listed on the enrollment application. The Provider Information Sheet is to be reviewed for accuracy and used as a reference in preparing claim forms. Reporting of discrepancies or changes to the information originally submitted to HFS are to be noted on the Provider Information Sheet and mailed to the address below. An updated Provider Information Sheet will then be mailed to both the office and payee location(s). The Handbook for Providers of Transportation Services, containing coverage and billing policies for all transportation services, is available on the Internet at: <http://www.hfs.illinois.gov/handbooks/>

The Illinois Department of Healthcare and Family Services appreciates your interest in enrolling in the Illinois Medical Assistance Program. If you have any questions regarding the completion of the enclosed forms, please call the Provider Participation Unit at 217-782-0538. Otherwise, please return the completed forms to:

Illinois Department of Healthcare and Family Services
Provider Participation Unit
P. O. Box 19114
Springfield, Illinois 62794-9114

Criminal Background Check Information

Criminal background checks are required for all Non-Emergency Transportation (NET) Providers except the following: Ambulance providers (including helicopters), private automobiles and all NET providers that are owned or operated by governmental agencies.

The Non-Emergency Transportation Fingerprint Form (ORI: IL920600Z) must be completed by **each individual** listed on the DPA 1413T Transportation Agreement when submitting for the Criminal Background Check.

Timeframe for submitting fingerprints: All individuals identified must submit their fingerprints within thirty (30) days of the submission of a provider application.

Providers shall be responsible for the payment of the costs of fingerprint-based criminal background checks. Information regarding fees may be obtained from the respective Fingerprint Vendors. The following is a list of the Fingerprint Vendors currently providing this service for the Illinois State Police.

Statewide Coverage

Art's Investigations -
4849 North Milwaukee Avenue, Suite 101
Chicago, Illinois 60630-5100
Phone 1-866-361-9944
Fax 773-685-5433
Web site: www.artsinvestigations.com

Identix Identification Services
1650 Wabash, Suite D
Springfield, Illinois 62704
Phone 1-800-377-2080
Web site: www.identix.com/iis/

Firm Inc
206 South Sixth Street
Springfield, Illinois 62701-9929
Phone 217-753-1190
Fax 217-525-1271
Web site: www.verifyinc.com
Contact: Bill Koeller
Email: bkoeller@hso.net
Contact: Michael Cheatham
Email: mcheatham@hso.net

Regional Coverage

Digby's Detective & Security Agency, Inc.
2630 South Wabash Avenue
Chicago, Illinois 60616
Phone 312-326-1100
Email: fingerprint@digbysecurity.com

Richardson & Associates
18503 Torrence Avenue
Lansing, Illinois 60438
Phone 708-474-4900
Fax 708-474-3797
Web site: www.richardsonandassociatespi.com

Security Partners International, Inc.
PO Box 5392
River Forest, Illinois 60305
Phone 1-877-774-7266
Fax 1-630-629-4916
Web site: www.1877spgs.com

Big River Investigation
301 Oak Street, Suite 2-42
Quincy, Illinois 62301
Phone 217-228-9114
Fax 217-228-9116
Web site: www.bigriverinvest@sbcglobal.net

Out of State Applicants: Individuals who reside outside the State of Illinois and do not have an opportunity to submit their fingerprints to one of the electronic fingerprint facilities specified above must submit fingerprint cards for the Illinois State Police and the FBI. The Department suggests that those NET provider applicants who must be fingerprinted contact a local police authority in their state of residence to obtain classifiable prints.

Fingerprint cards available at local police stations will not be accepted, nor will copies of cards. Please send your request for the HFS approved fingerprint cards to:

Illinois Department of Healthcare and Family Services
Office of Inspector General /CVU
404 North 5th Street
Springfield, Illinois 62702
217-524-8414